#### DEPARTMENT OF HEALTH AND JIMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/07/2009 **FORM APPROVED** OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL' IDENTIFICATION NUMBER: A. BUILDI		LTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		290005	B. WING	<del></del>	04/	C 17/2009	
	PROVIDER OR SUPPLIER VISTA HOSPITAL		s	TREET ADDRESS, CITY, STATE, ZIP O 1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 8903	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
A 000	,	S Deficiencies was generated as	A 00	O Complaint #NV21147 Tag A385 Temporary and Permanent Correct	tive Action.		
	a result of a Medica	re Complaint Validation It your facility from 4/15/09		1.) How the correction was accomp temporarily and permanently for e affected by the deficient practice, i system changes that must be made	ach individual neluding any		
	CFR Part 482 - Hos			a. Failure to document nursing and assessments thoroughly and ac status timely:  The following language has been add the Plan for Provision of Patient Card	et on declining ded as a revision to	6/18/09	
	by the Health Division prohibiting any criminactions or other claim available to any part state, or local laws.	nclusions of any investigation on shall not be construed as nal or civil investigations, ms for relief that may be by under applicable federal, irst day of the survey was		(Policy Number: ADM:00:01);  Patients will receive the level of care ordered by the physician (i.e., Med/S and/or Geropsych). In instances whe written an order to transfer a critical lower level of care to a higher level of transferring unit has been notified of the following component of the patie	that has been lurg, Critical Care, ere a physician has care patient from a of care, and the bed unavailability,		
:	114. 30 clinical records w	rere reviewed.	. •	will be implemented:  • Monitoring, assessments, evaluation of care, and do consistent with the level of	interventions, cumentation will be		
	CFR 482.23 Nursing			the physician.  Documentation will be concepted (electronic medical record ICU Flowsheet, for those	i system), under the		
!	fine following compliant found to be substant	aint was investigated and liated.		access, and/or by using th available through Optio (demand forms system).	e downtime forms		
	A 0385, A 0395)	7- substantiated (See Tags:		Prior to transferring the petemporary location, the U the transferring unit will passessment, Charting and	nit Secretary from orint the <i>Downtime</i>		
	identified.	tory deficiencies were		and the Vital Sign Downti the patient's current MAR	ime Form as well as		
	The hospital must ha service that provides	ave an organized nursing 24-hour nursing services. must be furnished or	A 38	The Code Purple (rapid response tear Number: PCS:07:45) was reviewed a identified. The staff will be re-inserved Purple policy and the criteria for initial Documentation requirements for the emphasized during the inservice.	nd no changes were riced on the Code ating a Code Purple.	6/17/09	
	This CONDITION is	not met as evidenced by:		Staff education will also be provided revisions in the <u>Plan for Provision of Services policy</u> , specifically related to	Patient Care and othe initiation of	By 7/12/09	
<b>LEORATORY</b>	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGNA	ATURE	TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 lays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

#### DEPARTMENT OF HEALTH AND JUAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

CENTE	IND FUR WIEDICARE	A MEDICAID SEKVICES			OIVID INC	<del>). 0936-039  </del>
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII	ULTIPLE CONSTRUCTION LDING	(X3) DATE S COMPL	
	•	290005	B. WIN	IG	04/1	
NAME OF I	PROVIDER OR SUPPLIER		<del>'</del>	STREET ADDRESS, CITY, STATE, ZIP		
			1	1409 EAST LAKE MEAD BLVD	CODE	
NORTH	VISTA HOSPITAL			NORTH LAS VEGAS, NV 89	030	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	CROSS-REFERENCED TO T	TION SHOULD BE THE APPROPRIATE SY)	(X5) COMPLETION DATE
A 385	Continued From pa	ge 1	A 3	the over-flow plan and documenta	don requirements.	
,,,,,,	The facility failed to Condition of Partici	maintain compliance with the pation for Nursing Services es cited at Tag A 395	Α.	b. Failure to transfer the patic appropriate setting: The following language has been a the Plan for Provision of Patient C (Policy Number: ADM:00:01):	added as a revision to	6/18/09
A 395	status timely. Failure to transfer the setting. Failure to monitor the setting. Failure to treat as of timely manner.  Refer to Tag A 395.  Complaint # NV 211 482.23(b)(3) RN SU CARE  A registered nurse in the nursing care for This STANDARD is Based on interviews failed to ensure according.	ughly and act on declining ne patient to an appropriate ne patient in an appropriate rdered by the physician in a  47 PERVISION OF NURSING nust supervise and evaluate	- A 3:	Patients will receive the level of ca ordered by the physician (i.e., Med and/or Geropsych). In instances we written an order to transfer a critical lower level of care to a higher level transferring unit has been notified the following component of the pawill be implemented:  • If there are no ICU bed are more critical care puthe Emergency Departrict hold the patient tempor becomes available in the bestaffed with one ICU patients. A second nursthere is a 3rd or 4th critical holding. The ICU Dire Nursing Supervisor will need to implement the patient to implement the patient of the PACU we secondary overflow are care RNs (from ED, IC Nursing Supervisor).  • The Charge Nurse and/oraring for the patient or will be responsible for of the bed unavailability temporary location whe transferred (i.e., ED or	I/Surg, Critical Care, where a physician has all care patient from a sel of care, and the of bed unavailability, tient over-flow plan is available and there attents needing beds, ment may be used to arrily until a bed is ICU. The ED will Jurise for I - 2 is will be provided if cal care patient ctor and/or the I be notified of the patient over-flow plan, and an ICU bed is not ill be utilized as a a, staffed by critical U, PACU, and/or the or the primary nurse in the transferring unit notifying the physician by in ICU and the crethe patient has been	
	Findings include:		: 	Staff education will also be provid revisions in the <u>Plan for Provision Services</u> policy, specifically related the over-flow plan and documentat	of Patient Care and I to the initiation of	By 7/12/09
	1/13/09 with diagnos history of Chronic Ol Pulmonary Embolish	year old male admitted on es to include Chest Pain, ostructive Lung Disease, n, Congestive Heart Failure, and a history of Cardiac		c. Failure to monitor the patie appropriate setting: The following language has been a the Plan for Provision of Patient Ca (Policy Number: ADM:00:01):	dded as a revision to	6/18/09

# DEPARTMENT OF HEALTH AND WAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1' '	TIPLE CONSTRUCTION ,	(X3) DATE SURVEY COMPLETED	
			A. BUILD	A. BUILDING		С
		290005	B. WING		1	7/2009
	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE 1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030		
	CINAL DV OTA	TO LEUT OF DEFINE LOIGO		<u> </u>	TION	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	Jaundiced in the Enternation 12:28 PM by ambulation 12:28 PM by ambulation 12:28 PM by ambulation. The Emergence documented Patient approximately 10 m #1 was admitted to 1/13/09, as observation changed (from a 23 admission status) to morning.  The Nurse's Notes of indicated Patient #1 liters via nasal canneceiving intravenous indicated he was dripatient was noted to stimuli.  A Physician's Order documented a "Tranunity." The order was On 1/14/09, the Nurse documented the following the patient was noted to stimuli.  A Physician's Order documented a "Tranunity." The order was On 1/14/09, the Nurse Containers."  - 1437 (2:37 PM), "Our Drank 2 containers."  - 1820 (6:20 PM), "Nigas) status from lab nurse. Dr. (name) or (immediate) ABG and 1840 (6:40 PM), "3	atient #1 was noted to be nergency Room on admission.  itted to the ED on 1/13/09 at ance for a complaint of chest by Room Nurse's Notes at #1's chest pain subsided inutes after he arrived. Patient the 2nd floor with telemetry on tion at 9:00 PM and later was he observation status to a full of full status on 1/14/09 in the content morning of 1/14/09, was stable, on Oxygen at 2 ula, telemetry and was as fluids (IV). The notes inking fluids and eating. The observation to verbal for Patient #1 dated 1/14/09, asfer ICU (intensive care is acknowledged at 6:43 PM.  Se's Notes for Patient #1 owing:  Offered Patient more juice.  Interior of ABG (arterial blood (laboratory) Notified charge in the floor, ordered stat	A 39	Patients will receive the level of care that ha ordered by the physician (i.e., Med/Surg, Cr and/or Geropsych). In instances where a ph written an order to transfer a critical care pa lower level of care to a higher level of care, transferring unit has been notified of bed un the following component of the patient over will be implemented:  • If there are no ICU beds available are more critical care patients neethe Emergency Department may hold the patient temporarily until becomes available in the ICU. The staffed with one ICU nurse for patients. A second nurse will be there is a 3rd or 4th critical care patients. A second nurse will be notified in the ICU birector and/Nursing Supervisor will be notified to implement the patient over the ED is at capacity and an ICC available, the PACU will be utilisecondary overflow area, staffed care RNs (from ED, ICU, PACU Nursing Supervisor).  The Emergency Department and PACU have level of monitoring capabilities (i.e., equipmed ICU.  The staff will be re-inserviced on the Code Pemphasized during the inservice.  Staff education will also be provided, related revisions in the Plan for Provision of Patient Services policy, specifically related to the inthe over-flow plan and documentation required.  d. Failure to treat as ordered by the phystimely manner:  The following language has been added as a the Plan for Provision of Patient Care and Set (Policy Number: ADM:00:01):	itical Care, ysician has tient from a and the availability, flow plan e and there eding beds, be used to a bed he ED will or 1 - 2 provided if atient or the ed of the er-flow plan. CU bed is not ized as a by critical, and/or the ethe same tent) as the Purple policy turple will be dito the Care and itiation of rements.	By 7/12/09 By 7/12/09
	- 1845 (6:45 PM), "IC	pushed stat as ordered."  CU nurse reported no beds pt. (patient) ABG to family,		ordered by the physician (i.e., Med/Surg, Cr and/or Geropsych). In instances where a physician	itical Care,	

### DEPARTMENT OF HEALTH AND INIAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

		A WEDICAID SERVICES	1201	41 11 771	PLE CONSTRUCTION	(X3) DATE SI	IRVEY
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				COMPLETED	
THE LETTER	5. GOTHLEGHON	io Litti to thomas in the	A. BU	ILDIN	G	С	
		200005	B. WING			04/17/2009	
	···	290005		г		04/1	112009
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
NORTH '	VISTA HOSPITAL				409 EAST LAKE MEAD BLVD		
	VIO II VIO VI II VI			N	IORTH LAS VEGAS, NV 89030		
(X4) ID		TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECT		(X5) COMPLETION
PREFIX		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR	OPRIATE	DATE
TAG	, KEGOLATORI OR E	SO IDEATH TING IN ONINATION)	inc	•	DEFICIENCY)		
A 20E	Operation and Francisco	2	Λ .	205	written an order to transfer a critical care pat	ient from a	
A 390	Continued From pa		A	393	lower level of care to a higher level of care, a transferring unit has been notified of bed una	and the	
	informed them pt. v						
		Lab (laboratory) at bedside			the following component of the patient over-	flow plan	:
	drawing blood pt. m				will be implemented:  • The Charge Nurse and/or the prin	nary nurse	
		at bedside helping to hold pt.			caring for the patient on the trans		į
	arms so blood can be drawn."			į	will be responsible for notifying	he physician	i ,
		Pt. in mild respiratory distress			of the bed unavailability in ICU a		•
		Positive Airway Pressure)			temporary location where the pate transferred (i.e., ED or PACU).	ient nas deen	
		venous fluids) infusing per Md					
		Irowsy but arouseable. Kept			A Chain of Command for Resolution of Issu		(11000
	hob (head of bed) u				been developed and approved to provide a g		6/18/09
		lcu charge rn here to start iv			communicating information to a supervisor, and/or physician, related to clinical issues su	ch as	
	access needed for				changes in the patients condition and/or the	initiation of	!
		Pt. on NPO (nothing by mouth)			the over-flow plan as defined in the Plan for		
	maintained."	P - 22 - 4 ( - 4) - 4			Patient Care and Services (see Policy Numb	er:	
		family at bedside supportive			ADM:00:01).		į
		ks voice slow and garbled			The Code Purple (rapid response team) police		i
	BiPAP maintained.				Number: PCS:07:45) was reviewed and no c		6/18/09
	- 2000 (6.00 PW),	icu (ICU) charge rn (Employee			identified. The staff will be re-inserviced or Purple policy and the criteria for initiating a		Ì
		talked to family about pt's eady aware from day shift that			Documentation requirements for the Code P		I
		d to icu as soon as bed is			emphasized during the inservice.	·	
		ge rn has talked to family about			o. co. i	l 6 a do a	į
	it."	ge III has talked to family about			Staff education will also be provided, related revisions in the Plan for Provision of Patient	Care and	:
		icu charge rn started an iv to			Services policy, specifically related to the in	itiation of	1
		switch iv of ns (Normal			the over-flow plan and documentation requi-	rements.	1
	; Saline) to the lua iv				Staff education will also be provided for the	new Chain	By 7/12/09
		"cath (catheter) discontinued			of Command for Resolution of Issues policy		Dy 1112102
		cu charge (Employee #2) rn			related to the clinical chain of command for	changes in	
		le aware that the iv he just			the patient's condition or initiation of the ov	er-flow plan.	
	started is puffy."	ic aware that the 17 175 just			2.) The title of position of the person resp	onsible for	
		'iv to left upper arm puffy			correction.	0.131012 101	'
	switch iv to Ifa (left				The following will be responsible for the co	rrective	i
į		3 amp bicarb hung at			action:		
1	2130"				a. Chief Nursing Officer		
		" pt following commands			3.) A description of the monitoring proces	s to prevent	
;		following commands but goes			recurrences of the deficiency, the frequen	cy of the	
i	back to dozed off of	• •			monitoring and the individual(s) responsi	ble for the	
;		"First liter infused following			monitoring. Immediate monitoring will commenæ with	a review of	
:	bag iv rate decreas				transfers to a higher level of care from a Me		ĺ

DEPARTMENT OF HEALTH AND MAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/07/2009 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA		LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MND FLMIN C	JF CORRECTION	IDENTIFICATION TO THE PARTY OF	A. BUILE	)ING		3
		290005	B. WING	<u> </u>		7/2009
	PROVIDER OR SUPPLIER	_	S	STREET ADDRESS, CITY, STATE, ZIP CODE 1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC	ULD BE	(X5) COMPLETION DATE
A 395	another iv access for blood transfusion." - 2220 (10:20 PM), maintained at 45 de on his left side incodried ivf infusing we (shortness of breatt - 2240 (10:40 PM), awaken breathing smaintained." - 2300 (11:00 PM), to 2 different sites to remains drowsy but (times) 3 lung soun - 2335 (11:35 PM), pt's condition and a (Employee #2) at behim up for hr (heart still has minimal shablue (cardiopulmon). The Nurse's Notes AM Patient #1's bloa heart rate of 106. noted was 95/43 at 106. There were no until the Code Blue was given 1 amp (a recorded blood presentation). On 1/15/09 at 12:02 indicated Patient #1 physician.  During an interview indicated on 1/14/05	"Icu charge rn still attempting or antibiotics and eventually  "pt. repositioned in bed hob agrees pt has tendency to stay ontinent of urine pt cleaned and sell pt. denies chest pain or sob h)."  "pt dozing on and off easily slightly labored BiPAP  "ivf and vancomycin infusing to left leg sites clear. Pt t arouseable side rails Up x	A 39	Surgical and/or Geropsych clinical unit. This will include a review to ensure the patient wa appropriate higher level of care monitoring a documentation as defined by the critical care Immediate and ongoing monitoring of Risk I and patient complaint reports to ensure that command and Code Purple is initiated in acc with established policies, including the Plan Provision of Patient Care and Services.  This monitoring activity will be reported to the Quality Council, Medical Executive Comming Governing Board, not less than quarterly.  4.) The date when the immediate corrected deficiency will be accomplished. Normall no more than thirty (30) days from the day conference.  The Plan for the Provision of Patient Care and was revised and approved by hospital leader 18, 2009. The revised plan will be presented Medical Executive Committee for approval 2009 and then to the Board on July 10, 2009.  The Chain of Command for Resolution of Is was approved by hospital leadership on June The policy will be presented to the Medical Committee for approval on July 8, 2009 and Board on July 10, 2009.  The monitoring of the transfers from a lower care to a higher level of care will commence 2009.	as receiving and e unit.  Management chain of cordance for the Hospital littee, and the ly this will be ate of the exit and Services riship on June, do to the on July 8, 2.  Sesues policy e 18, 2009.  Executive d then to the car level of	6/18/09 7/8/09 7/10/09 6/18/09 7/10/09 6/19/09

Event ID: 9W5T11

## DEPARTMENT OF HEALTH AND house SERVICES

CENTE	VOLOW MEDICAKE	A MEDICAID SERVICES				CIND IAC	<i>J.</i> 0300-003
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE ILDING	CONSTRUCTION	(X3) DATE S COMPL	ETED.
		290005	B. WIN	۷G		04/	C <b>17/2009</b>
NAME OF F	PROVIDER OR SUPPLIER				T ADDRESS, CITY, STATE, ZIP CODE		
NORTH '	VISTA HOSPITAL				EAST LAKE MEAD BLVD RTH LAS VEGAS, NV 89030		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
!	previous shift was semployee #1 indicathe patient at 7:45 F day shift nurse told his condition includi Employee #1 indicathe and noticed there we previous day. Employee the lab technology Patient #1 was very Patient was a "hard blood".  Employee #1 indicathe floor about 8:00 on Patient #1. The phowever the physicity blood transfusion the indicated Employee to be transferred to available and she into the family and experimental to ICU and available.  Employee #1 indicated Employee	age 5 still working on Patient #1. ated she received report about PM. Employee #1 indicated the her Patient #1 had changes in ing labored breathing. ated she had assessed him was a change from the oyee #1 indicated, she had nician draw blood because restless. She indicated the stick"(difficulty drawing  ated Employee #2 arrived on PM and tried to re-start an IV patient already had an IV, ian wanted another line for a fat was ordered. Employee #1 fat was ordered. Employee #1 fat was aware the patient was the ICU when a bed became adicated Employee #2 spoke plained the patient would be as soon as a bed became ted, Employee #1 indicated the or inquire if Patient #1 could be D. Employee #1 indicated the or inquire if Patient #1 could be D. Employee #2 they had 2 patients on ansferred to ICU and the ED #1 indicated Employee #2 or at least 2 hours and had to attent #1 several times before the sites in the patient's left leg.  ed Employee #2 received a	A 3	Tage Ter  1.) tem affe syst  Fai sup san The for Nun Pati low tran the will  The Nun iden Purp Doc	mplaint #NV21147 g A395 mporary and Permanently Corrective A How the correction was accomplished, inporarily and permanently for each indicated by the deficient practice, including tem changes that must be made.  illure to ensure accurate documentation pervision and evaluation for 1 of 30 patient provision of Patient Care and Services (Pember: ADM:00:01):  ients will receive the level of care that has level by the physician (i.e., Med/Surg, Crit/for Geropsych). In instances where a phytten an order to transfer a critical care patient evel of care to a higher level of care, ansferring unit has been notified of bed unarifollowing component of the patient over-1 be implemented:  Monitoring, assessments, intervent evaluation of care, and documentate consistent with the level of care of the physician.  Documentation will be completed (electronic medical record system ICU Flowsheet, for those staff who access, and/or by using the downth available through Optio (electronic demand forms system).  Prior to transferring the patient to temporary location, the Unit Secret the transferring unit will print the Assessment, Charting and Intervent and the Vital Sign Downtime Form the patient's current MAR.	for the ents to the Plan olicy  s been tical Care, sician has ient from a and the availability, flow plan tions, ation will be refered by  in HED and the to have HED ime forms ic print-on the etary from Downtime and the etary from as well as  y (Policy tanges were the Code Code Purple.	6/18/09
	call from telemetry a	at 11:35 PM that Patient #1's and that Employee #2 called a			phasized during the inservice.	•	!

#### DEPARTMENT OF HEALTH AND JUVAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		290005	B. WII	B. WING		04/	C 17/2009
NAME OF PROVIDER OR SUPPLIER  NORTH VISTA HOSPITAL				1.	REET ADDRESS, CITY, STATE, ZIP CODE 409 EAST LAKE MEAD BLVD FORTH LAS VEGAS, NV 89030	"	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
	#1's vital signs on 1. indicated she was s forgotten to docume pressure and heart Employee #1 indicated antibiotics and fluids started in his leg. Er Employee #2 was in patient's physician, the Emergency Room in for Patient #1. Employee before he was that was ordered and documented all of the An interview with the Director of Clinical S 4/17/09, indicated the (Employee #2) did a	ted she monitored Patient /14/09 every half hour and o busy she must have ent the patient's blood rate in the Nurse's Notes.  ted Patient #1 received his through the IV Employee #2 indicated, communication with the incorder to expedite a transfer loyee #1 indicated the patient is able to receive the blood d indicated she should have his information.  Director of Quality and the services for the 2nd floor on at the ICU RN Charge Nurse lot of work on the patient and documented it in the chart.	. A:		Staff education will also be provided, related to revisions in the Plan for Provision of Patient Control Services policy, specifically related to the inition the over-flow plan and documentation required.  2.) The title of position of the person respondence of the following will be responsible for the correction:  a. Chief Nursing Officer  3.) A description of the monitoring process recurrences of the deficiency, the frequency monitoring and the individual(s) responsible monitoring.  Immediate monitoring will commence with a stransfers to a higher level of care from a Medicular surgical and/or Geropsych clinical unit. This rewill include a review to ensure the patient was appropriate higher level of care monitoring and documentation as defined by the critical care to a limit the complaint reports to ensure that checommand and Code Purple is initiated in account the stablished policies, including the Plan for Provision of Patient Care and Services.  This monitoring activity will be reported to the Quality Council, Medical Executive Committed Governing Board, not less than quarterly.  4.) The date when the immediate correction deficiency will be accomplished. Normally no more than thirty (30) days from the date conference.  The Plan for the Provision of Patient Care and was revised and approved by hospital leadersh 18, 2009. The revised plan will be presented to Medical Executive Committee for approval on 2009 and then to the Board on July 10, 2009.  The monitoring of the transfers from a lower feare to a higher level of care will commence on 2009.	care and ation of ments.  sible for ective  to prevent of the efor the review of cal, monitoring receiving dimit.  anagement ain of redance or e. Hospital ee, and e. Hospital ee, and e. Services in the exit of the exit of the exit of the exit of the following on the July 8, evel of a June 19, evel of the exit of the	6/18/09 7/8/09 7/10/09